

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-137-20407-00-00 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Ritchie Exploration, Inc. KCC LICENSE # 4767
(owner/company name) (operator's)

ADDRESS P.O. Box 783188 CITY Wichita

STATE Kansas ZIP CODE 67278-3188 CONTACT PHONE # (316) 691-9500

LEASE Burton Griffey WELL# 1 SEC. 33 T. 5 R. 22 (East/West)

NE - NW - SW - SPOT LOCATION/OOOO COUNTY Norton

2310 FEET (in exact footage) FROM S (circle one) LINE OF SECTION (NOT Lease Line)

990 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 261 CEMENTED WITH 190 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2332 2337T.D. 3750 PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING To be plugged as follows: 200 sx 60/40 Pozmix, 6% gel, 1/4# Floseal per sx. 25 sx @ 1970', 100 sx @ 1185', 40 sx @ 310', 10 sx at 40', 15 sx rathole, 10 sx mousehole.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? yes

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Arnold Hess PHONE# () _____

ADDRESS P.O. Box 40 City/State Ransom, Kansas 67572

PLUGGING CONTRACTOR Mallard JV, Inc. KCC LICENSE # 4958
(company name) (contractor's)

ADDRESS P.O. Box 1009 McPherson, KS 67460 PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 12-14-97 11:30 a.m.

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 1-2-98 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)